



MISSOURI FAMILY SUPPORT DIVISION  
PO BOX 2710  
JEFFERSON CITY, MO 65102-2710

*Missouri Department of*  
**SOCIAL SERVICES**  
*Your Potential. Our Support.*

\*\*\*\*\* OFFICIAL STATE OF MO BUSINESS \*\*\*\*\*

Client Name

Client Address

Client Address

Date: 7/16/2018

DCN: Client DCN

IN THE CIRCUIT COURT OF COLE COUNTY  
STATE OF MISSOURI  
19<sup>th</sup> JUDICIAL CIRCUIT

LINDA GERKEN, <i>et al.</i> ,	)	
Plaintiffs,	)	
	)	
v.	)	Case No. 06AC-CC00123-03
	)	Division IV
STEVE CORSI, <i>et al.</i> ,	)	
Defendants.	)	

**NOTICE TO CURRENT ELIGIBLE MEMBERS – Exhibit A-1**

**BACKGROUND**

You have received this letter in the mail because the records of the Department of Social Services show that you received at least one monthly blind pension payment<sup>1</sup> from the blind pension fund at some point during the time period between February 1, 2001, and June 30, 2010, you are on the rolls as a current recipient of a blind pension, and you may be eligible to for compensation for blind pension payments that were not correctly calculated. This notice contains important information about your legal rights under a Judgement approving a Class Action Settlement Agreement. **You have a limited time to respond. If you do not respond within ninety (90) days of the date of this letter your legal rights may be impacted. Please read this notice carefully.**

On February 16, 2006, Linda Gerken filed a class action lawsuit against the Department of Social Services, Family Support Division on behalf of all individuals who received a Missouri blind pension payment from January 1, 1992 to the present. The lawsuit is now referred to as *Linda Gerken, et al. vs Steve Corsi et al*, Cole County Circuit Court Case Number 06AC-CC00123-03. The Court certified a class, and determined that the Department of Social Services incorrectly calculated the monthly blind

<sup>1</sup> Blind pension payments include Supplemental Security Income payments, whether SAB or AB-Conversion payments. SAB refers to Supplemental Aid to the Blind, while AB-Conversion refers to Aid to the Blind Conversion.



MISSOURI FAMILY SUPPORT DIVISION  
PO BOX 2710  
JEFFERSON CITY, MO 65102-2710

pension payment due to blind pensioners at certain times. The Court also has determined that any claim for incorrect payments that was due prior to February 1, 2001, is barred by the statute of limitations. The State appealed the Court's ruling.

On March 30, 2018, the Cole County Circuit Court entered a Judgment approving a Class Action Settlement Agreement under which the blind pensioners who received blind pension payments between February 1, 2001, and June 30, 2010, are entitled to file a claim for compensation for the amount that the Department underpaid their blind pension payment for that time period plus an agreed amount of interest on those underpayments. If you received Blind Pension or Supplemental Aid to the Blind benefits during this time period you are member of the class, and if you are currently receiving the pension, you are entitled to payment of the amount that you were underpaid, plus interest on the underpayment, minus 25% of the total for payment of the attorneys' fee for the lawyers who represented the class in the case (Class Counsel). **You do not need to file any claim or other paperwork to receive this payment if you are currently receiving the pension.**

If you would like to read the Class Action Settlement Agreement, you may do so on the Department of Social Services website, along with a link to a copy of this notice and a claim form. The Department's website may be accessed at the following URL: [www.dss.mo.gov](http://www.dss.mo.gov).

The Department has determined that you are eligible for a total payment of **\$[amount]**. The Department's calculation of your payment is set forth below:

Month	Underpayment	+	Interest	-	Attorney Fee	=	Total
-------	--------------	---	----------	---	--------------	---	-------

[Insert Member-specific calculation here]

You will need to decide whether you would like to accept this payment or not.

**DISCLAIMER: EFFECT ON OTHER BENEFITS**

If you are a member of the class and decide to accept this payment, the amount paid to you may have a negative impact on other government, private, or public assistance you may receive, including but not limited to, Medicaid, Food Stamps and Supplemental Security Income. It is your choice whether to accept this payment or not. The Department of Social Services is not responsible if it impacts your eligibility for other benefits and services.

**WHAT HAPPENS NEXT?**

If you agree with this decision and want to receive the payment identified above, then the only thing that you need to do is to make certain that this letter was sent to you at the correct address. If the Department does not have your current address, or if you move, you must tell the Department what your new address is so that the Department can make certain that the money is sent to the correct address.

**NOTICE DECLINING PAYMENT**

If you do not want to receive the payment, please fill in the Notice Declining Payment form included with this letter and send it to the Department at the address indicated on the form. **You have ninety (90) days from the date of this letter to file your notice with the Department declining the payment. If the Department does not receive your notice declining payment by that deadline the Department will assume that you have decided to accept the payment and will automatically pay you the money in the same way that the Department pays your blind pension payment.**

**RIGHT TO REQUEST ADMINISTRATIVE REVIEW**

If you disagree with this decision concerning the amount of your underpayment and interest, you can ask that the decision be reviewed by an Administrative Hearing Officer. **You have ninety (90) days from the date of this letter to file your request for administrative review. If the Department does not receive**



MISSOURI FAMILY SUPPORT DIVISION  
PO BOX 2710  
JEFFERSON CITY, MO 65102-2710

**your form requesting review within ninety (90) days from the date of this letter, your request for administrative review will not be considered and the Department's decision will be final. You must include in your request for administrative review a detailed statement explaining why you think that the decision was wrong. If you file a request for administrative review then you will not receive a payment under this decision until the request for administrative review has been resolved and the Court has approved the payment.**

The Hearing Officer's review of this decision is limited to whether you are a member of the class, whether you are eligible to receive a payment and whether you receive a blind pension payment between February 1, 2001, and June 30, 2010. **You may not ask the hearing officer or the court to reconsider the Class Action Settlement Agreement or any of the Court's priorrulings.**

The Hearing Officer will make a decision based solely on the written information you provide unless you specifically ask for a hearing by telephone conference call or an in-person hearing. The request for a hearing by telephone conference call or a hearing on the record shall be made in writing, shall specify the reasons therefore, and shall be part of the Request for Administrative Review. The Hearing Officer shall grant the request for a hearing by telephone conference call if the Member provides good cause. The Hearing Officer may grant an in-person hearing in the county where the Member is located if the Hearing Officer determines that there is good cause for an in-person hearing and the Member is reasonably unable to present his or her case for review by written submission or telephone conference call.

To file a request for administrative review please follow the following steps:

- Complete the attached Request for Administrative Review form. You or your authorized representative must sign the request.
- **You must attach copies of any documents or information that you have to support your request for administrative review. You will not have an additional opportunity to present any additional documents.**
- Mail the original form and the supporting documents to:

Family Support Division  
Department of Social Services  
Attn: Blind Pension Lawsuit Claims Processing Unit  
PO Box 2320  
Jefferson City, Mo 65102-2320

Or

E-mail a completed, PDF version of the form to the Department at: [BPclaims@dss.mo.gov](mailto:BPclaims@dss.mo.gov)

#### **WHO CAN FILE YOUR REQUEST FOR REVIEW**

Only you or your authorized representative may file a Request for Administrative Review on your behalf. An authorized representative is an individual, competent adult who is legally authorized to act on behalf of a Member of the Class. The following individuals may serve as an authorized representative of a member:

- the member's court appointed guardian;
- the member's attorney;
- an individual appointed by the member to handle his or her affairs through a valid Power of Attorney; or
- if the member is deceased, the personal representative of the member's estate or the attorney for the estate

If your Request for Administrative Review is submitted by your authorized representative, the authorized representative must submit satisfactory documentation to prove that he or she is authorized to act on your behalf. Satisfactory documentation is limited to one of the following:



MISSOURI FAMILY SUPPORT DIVISION  
PO BOX 2710  
JEFFERSON CITY, MO 65102-2710

- a copy of letters of appointment of a Guardian or Courtorder;
- entry of appearance signed by the attorney, or
- a notarized power of attorney executed by the member; or
- letters of appointment as personal representative.

You will be legally bound by the information provided by your personal representative.

#### **YOU MUST TELL US IF YOUR CONTACT INFORMATION CHANGES**

The Department will communicate with you by United States Postal Service mail at your last known address of record with the Blind Pension Program. It is **not** the responsibility of the Department or the Court to find you if you move or if your contact information changes. It is your responsibility to notify us of any change in your name, address, telephone number, e-mail address or your authorized representative. You must notify us of the change within ten (10) days of the change. You can tell us about the change in one of two ways:

1. You can mail your information to the Department by United States Postal Service mail at the following address:

Department of Social Services  
Family Support Division  
Attn: Blind Pension Lawsuit Claims Processing Unit  
PO Box 2320  
Jefferson City, Mo 65102-2320

Keep a copy of the form and record the date you sent it. We recommend that you send your letter by certified mail, return receipt requested so that you have a record of when you mailed the claim form and when we received it.

2. You also can e-mail your changed information to the Department at the following e-mail address:

BPclaims@dss.mo.gov

#### **CLASS COUNSEL AND QUESTIONS ABOUT THIS NOTICE**

When the Court certified the class the court appointed class counsel to represent the interests of the class. The lawyers for the class are:

John Greider  
Deborah S. Greider, LLC  
8000 Bonhomme Ave., #207  
St. Louis, MO. 63105  
Telephone: 314-727-8910  
E-mail: dgreider@greiderlaw.com

John Ammann,  
Legal Clinic, Saint Louis University School of Law  
100 North Tucker, #704  
St. Louis, MO. 63101  
Telephone: 314-977-2778  
E-mail: ammannjj@slu.edu

If you have any questions about this case, this notice and how to file a Request for Review please contact



MISSOURI FAMILY SUPPORT DIVISION  
PO BOX 2710  
JEFFERSON CITY, MO 65102-2710

class counsel or your own lawyer.

The Department of Social Services and the Attorney General's office cannot give you advice about this notice. Please do not contact the Attorney General's Office, the Department of Social Services, the Family Support Division or Rehabilitation Services for the Blind to seek advice concerning the claims process.